DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: U T — 0 1 - 015

2. STATE: UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ -0-
b. FFY 2002 $

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 3.1-A (Attachment #5) Page 2
ATTACHMENT 3.1-B (Attachment #5) Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
Physician Services Co-payment Requirements

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Rod Betit

13. TYPED NAME:
Rod L. Betit

14. TITLE:
Executive Director
Department of Health

15. DATE SUBMITTED:
August 24, 2001

16. RETURN TO:
Rod L. Betit, Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 6, 2001

18. DATE APPROVED:
October 12, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
September 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:
Spencer K. Ericson

21. TYPED NAME:
Spencer K. Ericson

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 4, 2001

FORM HCFA-179 (07-92)

Instructions on Back

LIMITATIONS
(Cont.)

5. Admission to a general hospital for psychiatric care by a physician is limited to those cases determined by established criteria and utilization review standards to be of a severity and intensity that appropriate service cannot be provided in any alternative setting.
6. Inpatient hospital care for treatment of alcoholism and/or drug dependency will be limited to acute care for detoxification only.
7. Service not actually furnished to a client because the client failed to keep a scheduled appointment will not be covered by Medicaid
8. Procedures determined to be cosmetic, experimental, or of unproven medical value are non-covered services.
9. Organ transplant services will be limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3.1-E.
10. Selected medical and surgical procedures are limited to designated place of service. An approved list will be maintained in the Medicaid Physician Provider Manual.
11. Cognitive services: the diagnostic/treatment process including, but not limited to, office visit, hospital visits, and related services, are limited to one service each day per provider.
12. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
    a. that the proposed services are medically appropriate; and
    b. that the proposed services are more cost effective that alternative services.
13. The Division shall impose a co-payment for each physician visit, maximum of one per date of service, when a non-exempt Medicaid client, as designated on his Medicaid card, receives the physician service. The Division shall limit the out-of-pocket annual expense to $100 per client. These amounts are designated in R414-10-6.
    a. The Division shall deduct the co-pay amount from the reimbursement paid to the physician provider, up to the annual maximum.
    b. The provider should collect the co-pay amount from the Medicaid client for each visit requiring a co-payment.
    c. There are categories of Medicaid clients who are exempt from the co-payment requirement as designated in R414-10-6.
    d. Services rendered for family planning purposes are exempt from the co-payment requirement.

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